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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted  
With Initial  
Filing

OR

☐ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number PU040019

First Named Inventor David Jay Duffield, et al.

**COMPLETE IF KNOWN**

Application Number /

Filing Date

Group Art Unit

Examiner Name

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**THEATER IDENTIFICATION SYSTEM UTILIZING IDENTIFIERS PROJECTED  
THROUGH A SCREEN**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/496,116	07/28/2004	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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+

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## DECLARATION — Utility or Design Patent Application

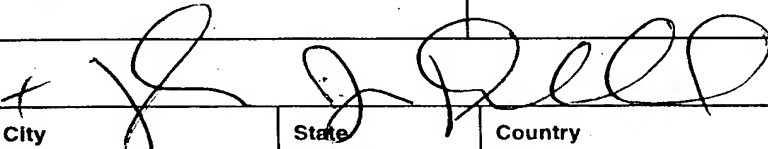
Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☐ Correspondence address below

<b>Name</b>	JOSEPH S. TRIPOLI		
<b>Address</b>	THOMSON LICENSING INC.		
<b>Address</b>	PO Box 5312		
<b>City</b>	<b>State</b>	<b>ZIP</b>	
PRINCETON	NJ	08543-5312	
<b>Country</b>	<b>Telephone</b>	<b>Fax</b>	
USA	(609-734-6823)	(609) 734 -6888	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

☐ A petition has been filed for this unsigned inventor


<b>Given Name</b>	DAVID JAY		<b>Family Name or Surname</b>	DUFFIELD
<b>Inventor's Signature</b>			<b>Date</b>	+ Aug. 9, 2004
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>	
Princeton	New Jersey	US	US	

**Mailing Address**

<b>Mailing Address</b>	5459 Fall Creek Road		
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
Indianapolis	Indiana	46220	US

**NAME OF SECOND INVENTOR:**

☒ A petition has been filed for this unsigned inventor

<b>Given Name</b>	MARK ALAN		<b>Family Name or Surname</b>	SCHULTZ
<b>Inventor's Signature</b>			<b>Date</b>	8-06-04
<b>Residence: City</b>	<b>State</b>	<b>Country</b>	<b>Citizenship</b>	
Carmel	Indiana	US	US	

**Mailing Address**

<b>Mailing Address</b>	4437 Somerset Way S.		
<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>Country</b>
Carmel	Indiana	46033	US

☐ Additional Inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

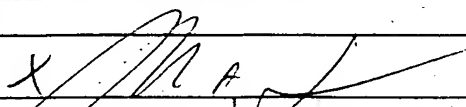
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**DECLARATION****ADDITIONAL INVENTOR(S)**  
**Supplemental Sheet**  
**Page 3 of 3**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
MICHAEL ALLAN		STERLING	
Inventor's Signature 		Date <u>August 9, 2004</u>	
Residence: City <u>Woodland Hills</u> <u>WESTLAKE VILLAGE</u>	State <u>California</u>	Country <u>US</u>	Citizenship <u>US</u>
Mailing Address			
Mailing Address <u>21804 Somerset Way</u> <del>MARTINEZ ST.</del> <u>1660 VALECROFT.</u>			
City <u>Woodland Hills</u> <u>WESTLAKE VILLAGE</u>	State <u>California</u>	ZIP <u>91384 91361</u>	Country <u>US</u>
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	
	<b>Filing Date</b>	
	<b>First Named Inventor</b>	DAVID JAY DUFFIELD ET AL.
	<b>Title</b>	THEATER IDENTIFICATION SYSTEM UTILIZING IDENTIFIERS PROJECTED THROUGH A SCREEN
	<b>Art Unit</b>	
	<b>Examiner Name</b>	
	<b>Attorney Docket Number</b>	PU040019

I hereby appoint:

☒ Practitioners at Customer Number **Customer Number 24498**

**OR**

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

**OR**

☐ The address associated with Customer Number:

**OR**

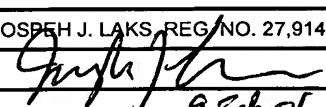
<input type="checkbox"/> Firm or Individual Name	Joseph S. Tripoli, Patent Operations				
Address					
Address	P. O. BOX 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA				
Telephone	609-734-6819	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

*Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).*

SIGNATURE of Applicant or Assignee of Record			
Name	JOSEPH J. LAKS REG NO. 27,914		
Signature			
Date	9 Feb 06	Telephone	609-734-6819

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 3 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**POWER OF ATTORNEY  
THOMSON LICENSING**

**We,**

**THOMSON LICENSING  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
France**

**do hereby grant**

**Joseph S. Tripoli  
Senior Vice President  
Thomson Licensing Inc.  
Two Independence Way  
Princeton, New Jersey 08540**

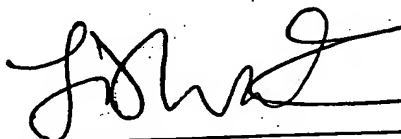
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**DATED this 7 day of July, in the year 2005.**

**Signature:**

**Typed Name As Signed:**

**Title:**

  
\_\_\_\_\_  
**Julian Waldron  
President**

POWER OF ATTORNEY  
THOMSON LICENSING

THOMSON LICENSING  
46, Quai A. Le Gallo  
F-92100 Boulogne-Billancourt  
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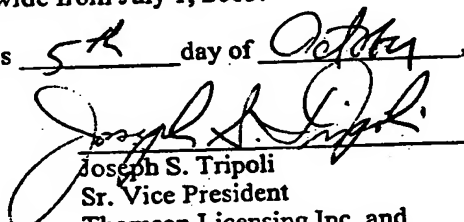
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Ronald Kolczynski - Member Patent Staff  
Michael A. Pugel - Patent Agent  
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*Princeton, New Jersey 08540*

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DATED this 5<sup>th</sup> day of October, 2005.

SIGNED

  
Joseph S. Tripoli  
Sr. Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON LICENSING

WITNESS

